

Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution 03/31/16 PM 02:47 city of Indian Wells **Public Document**

1. Agency Name CITY OF INDIAN WELLS		Date Stamp 03/31/16 PM 02:47 city of Indian Wells	California Form 802 For Official Use Only
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>03/31/2016</u> <small>(month, day, year)</small>	
Designated Agency Contact (Name, Title) WADE G. MCKINNEY, CITY MANAGER			
Area Code/Phone Number 760/346-2489	E-mail wmckinney@indianwells.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 2,500

Event Description: BNP Paribas Open Tennis Tournament Date(s) 03 / 07 / 16 03 / 20 / 16
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Desert Champions, LLC
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Distribution List Attached		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Wade G. McKinney	City Manager	03/31/2016
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

FPPC Form 802 – Attachment (BNP Paribas Open Tennis Tournament)

3. Recipients

A. Name of Agency, Department or Unit

Department	# of Tickets	Public Purpose
Marketing	2	2.10.060 (b), (d), (e)

B. Name of Individual

Name	Title	# of Tickets	Public Purpose
Reed, Dana	Mayor	2	2.10.050 – trophy presentation; 2.10.060 (b), (q)
Balocco, Richard	Mayor Pro Tem	1	2.10.060 (b), (q); 2.10.080
Hanson, Douglas	Council Member	2	2.10.060 (g), (q); 2.10.080
Mertens, Ted	Council Member	2	2.10.060 (d), (q); 2.10.080
Peabody, Ty	Council Member	2	2.10.060 (d), (q); 2.10.080
McKinney, Wade	City Manager	2	2.10.050 (a), (g), (q); 2.10.080